

CERTIFICATE INFORMATION

<div style="display: flex; justify-content: space-between; padding: 5px;">FirstMiddleLast</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Name</p>	<div style="display: flex; align-items: center; padding: 5px;">Date of Birth</div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;">MMDDYYYY</div>
<div style="display: flex; align-items: center; padding: 5px;">Place of Birth</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Hospital (If not hospital, give street & number)</p>	<div style="display: flex; justify-content: space-between; padding: 5px;"><div style="border-bottom: 1px solid black; width: 60%;"></div><div style="border-bottom: 1px solid black; width: 35%;"></div></div> <div style="display: flex; justify-content: space-between; padding: 5px;">(Village, Town or City)County</div>
<div style="display: flex; justify-content: space-between; padding: 5px;">FirstMiddleLast</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Father</p>	<div style="display: flex; align-items: center; padding: 5px;">Maiden Name</div> <div style="display: flex; justify-content: space-between; padding: 5px;"><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div></div> <div style="display: flex; justify-content: space-between; padding: 5px;">FirstMiddleLast</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>of Mother</p>

Number of Copies Requested	Enter Birth No. if Known	Enter Local Registration No. if Known
----------------------------	--------------------------	---------------------------------------

Purpose for Which Record is Required (Check One)	<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
	<input type="checkbox"/> Social Security-Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
	<input type="checkbox"/> Social Security-SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
	<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
	<input type="checkbox"/> Employment		
	<input type="checkbox"/> Other (Specify) _____		

APPLICANT INFORMATION

<div style="display: flex; justify-content: space-between; padding: 5px;">NAME</div> <div style="display: flex; justify-content: space-between; padding: 5px;">FIRSTMIDDLELAST</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>What is your relationship to person whose record is required?</p> <div style="display: flex; align-items: center; margin-top: 5px;"><input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Telephone No. (____) _____-____</p> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Social Security No. _____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="border: 1px solid black; width: 60%; height: 30px;"></div><div style="border: 1px solid black; width: 30%; height: 30px;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">(name of client)(relationship)</div>
--	---

<div style="display: flex; justify-content: space-between; padding: 5px;">Signature of ApplicantDate</div> <div style="display: flex; align-items: center; margin-top: 5px;"><div style="border-bottom: 1px solid black; width: 80%;"></div><div style="display: flex; justify-content: space-around; width: 15%;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></div> <div style="display: flex; justify-content: space-around; margin-top: 5px;">MMDDYY</div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Address of Applicant</p> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>Street</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;">CityStateZip Code</div>	<div style="text-align: center; padding: 5px;">FOR REGISTRAR'S USE ONLY <small>(Photocopy ID and attach to application form)</small></div> <div style="display: flex; align-items: center; padding: 5px;"><div style="width: 150px;">TYPE OF ID</div><div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div><div style="margin-left: 10px;">Driver's License</div></div> <div style="display: flex; align-items: center; margin-top: 5px;"><div style="width: 150px;">State</div><div style="border-bottom: 1px solid black; width: 100px; margin-left: 10px;"></div><div style="margin-left: 10px;">No. _____</div></div> <div style="display: flex; align-items: center; margin-top: 5px;"><div style="width: 150px;">Other ID, specify</div><div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div><div style="margin-left: 10px;">_____</div></div> <div style="display: flex; align-items: center; margin-top: 5px;"><div style="width: 150px;">No.</div><div style="border-bottom: 1px solid black; width: 150px; margin-left: 10px;"></div></div>
---	---

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED